

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N00809 (6)**

1. Corporation Name

**EAGLE LAKE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

C/O ADVANTAGE PROPERTY MANAGEMENT, INC.  
P. O. BOX 65  
JENSEN BEACH FL 34958

C/O ADVANTAGE PROPERTY MANAGEMENT, INC.  
P. O. BOX 65  
JENSEN BEACH FL 34958

3. Date Incorporated or Qualified  
**01/09/1984**

3a. Date of Last Report  
**04/24/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
**59-2382312**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ADVANTAGE PROPERTY MGMT  
1274 NE BUSINESS PARK PL  
JENSEN BCH 34957**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<del>SD</del>	<input type="checkbox"/> DELETE
NAME	SMITH, ANNETTE	
STREET ADDRESS	2983 SW WESTLAKE CIR	
CITY - ST - ZIP	PALM CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MURPHY, PAT	
STREET ADDRESS	2882 SW WESTLAKE CIR	
CITY - ST - ZIP	PALM CITY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KETCHAM, HOWARD	
STREET ADDRESS	2864 SW WESTLAKE CIR	
CITY - ST - ZIP	PALM CITY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUNTER, GORDON	
STREET ADDRESS	2643 SW WESTLAKE CIR	
CITY - ST - ZIP	PALM CITY FL	
TITLE	<del>TS</del>	<input type="checkbox"/> DELETE
NAME	NITSCHKE, WARREN	
STREET ADDRESS	2648 SW WESTLAKE CIR	
CITY - ST - ZIP	PALM CITY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LOWENTHAL, DR. LESLIE	
STREET ADDRESS	2792 SW WESTLAKE CIR	
CITY - ST - ZIP	PALM CITY FL	

1.1 TITLE	0	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	0	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	HOMWOOD, DEATHY	
6.3 STREET ADDRESS	2625 SW WESTLAKE CIR	
6.4 CITY - ST - ZIP	PALM CITY, FL 34991	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

*Sandra B. Mortham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/96 407-286-4788  
Date Day/Time Phone #

CR2E037 (12/95)